Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Adjuster License Renewal/Continuation

(Please Print or Type)

Check appropriate box for license requested	Check a	pprop	oriate	box for	· license	requested
---	---------	-------	--------	---------	-----------	-----------

Resident License
Non-Resident License
Identify Home State:
• Identify South Carolina License #

		Demographi	ic Information				
① Soc. Security Number	Soc. Security Number Date of Birth		Home State & Home State License Number		④ If assigned National Producer Number (NP#)		
5 Last Name	ume JR./SR. etc		6First Name				
Residence/Home Address (Physic	al Street)	8 P.O. Box	9 City		10 State	1)Zip or Foreign Country	
(2) Business Entity's Name							
(3) Business Address (Physical Street)		(4) P.O. Box	(5) City		16 State	17)Zip or Foreign Country	
(18) Business Phone Number (include extension)	19 Business Fax Number	[20	Business E-Mail Addre	ess	l) Business W	Veb Site Address	
2 Mailing Address		23 P.O. Box	② City		25 State	26Zip or Foreign Country	
	Agei	ncv or Busine	ss Entity Affiliatio	ns			
27) List your Insurance Agency Affi	C	•	•		ness entity)		
FEIN							
FEIN			-				
FEIN							
		Background	d Information				
Since the last renewal or initial apyou currently charged with comm	nitting a crime?					Yes No	
"Crime" includes a misdemeand driving under the influence (DL suspended or revoked license an judge or jury, having entered a	II) or driving while intoxicated juvenile offenses. "Conviduations of the control	ed (DWI), driving cted" includes, bu	without a license, recklet is not limited to, having	ess driving, or drivi g been found guilty	ng with a by verdict of		
b) a certified copy of the	each to this application: explaining the circumstances he charging document, he official document, which of		esolution of the charges	or any final judgme	ent, and		
If you have a felony conviction	, have you applied for a waiv	ver as required by	18 USC 1033? N/	/A Yes	No		
If so, was that waiver granted?	(Attach copy of 1033 waiver	approved by hon	ne state.) N/.	'A Yes !	No		

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Adjuster License Renewal/Continuation

Background Information continue	ed					
2. Since the last renewal or initial application in this state, have you or any business in which director, or member or manager of limited liability company, ever been involved in an approfessional or occupational license, or registration?		Yes No				
"Involved" means having a license censured, suspended, revoked, canceled, terminate probation or surrendering a license to resolve an administrative action. "Involved" all administrative or arbitration proceeding, which is related to a professional or occupation license application denied or the act of withdrawing an application to avoid a denial noncompliance with continuing education requirements or failure to pay a renewal fee	so means being named as a party to an conal license. "Involved" also means having a You may exclude terminations due solely to					
If you answer yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circum b) a certified copy of the Notice of Hearing or other document that states the c) a certified copy of the official document which demonstrates the resolution	harges and allegations, and					
3. Since the last renewal or initial application in this state, do you have a child support obli	igation in arrearage?	Yes No				
If you answer yes,						
a) by how many months are you in arrearage?		Months				
b) are you currently subject to a repayment agreement?		Yes No				
c) are you the subject of a child support releated subpoena/warrant?		Yes No				
Applicant's Certification	and Attestation					
29 The Adjuster must read the following very carefully:						
 I hereby certify that, under penalty of perjury, all of the information submitted in this false information or omitting pertinent or material information in connection with this subject me to civil or criminal penalties. 	s application is grounds for license revocation or de	enial of the license and m	nay			
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.						
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.						
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.						
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.						
 I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state. 						
$\overline{\Lambda}$	/Ionth/Day/Year					
ō	riginal Adjuster Signature					
Ē	full Legal Name (Printed or Typed)					

 $G: \label{lem:condition} G: \label{lem:condition} MKTREG \label{lem:condition} DATA \label{lem:condition} MISC \label{lem:condition} Producer \label{lem:condition} 2007 \ indrenewal 5-10-06. doc$